

RESPONSE TO STATE OF DELAWARE RFP 04302010ARRA

I, _____, wish to be included in the pool of certified lead-based paint abatement contractors being created by the State of Delaware in connection with Request for Proposals 04302010ARRA. In connection with this request, I state the following:

1. **Certifications** (check one)

- a. I am currently certified by the Delaware Division of Public Health as a lead-based paint abatement contractor and in Personal Protection Equipment Training. _____
- b. I will seek to become certified no later than June 1, 2010 by the Delaware Division of Public Health as a lead-based paint abatement contractor and in Personal Protection Equipment Training. _____

2. **Hiring of TANF-Eligible Workers**

I am willing to hire TANF eligible adults who will have the appropriate training and certifications to conduct lead-based paint interim controls work during the term of the project. The State of Delaware's Division of Social Services will reimburse me for one hundred percent (100%) of the wage and fringe benefit costs of each TANF Worker I hire and pay on or before September 18, 2010. I understand that the State of Delaware's Division of Social Services will identify individuals qualified as TANF Workers and then provide the training and certification necessary for the TANF Workers to perform work on projects for this project. I understand that the Division of Social Services will assist me in hiring the TANF Workers, but that I will have the ultimate decision over which workers I hire from among those approved by the Division of Social Services. I understand that these TANF Workers must be hired under the same terms and conditions as any other new employee I hire, including receiving the same pay and benefits. Finally, I understand that hiring of these TANF workers cannot result in lay-offs of my other employees or replace employees who I have laid off.

3. **Contractor (please initial next to each subsection to indicate your agreement, other than subsections (b) and (d) where information must be provided)**

- a. I have been in business as a contractor for at least two years. _____
- b. I have a current Delaware business license, numbered _____.
- c. I am committed during this program to bid a reduced rate on lead-based paint interim control projects that use TANF workers whose salaries and benefits are paid by the State of Delaware. _____
- d. My contact person for services provided under this program is _____, who can be contacted at the following address and phone number: _____.
- e. I will fully comply with the Equal Opportunity Assurance enumerated in Section VIII of the Request for Proposal to which I am responding. _____
- f. I am not currently debarred, suspended, or ineligible to do work in the State of Delaware. _____
- g. I have not been convicted of a criminal offense relating to the obtaining or attempt to obtain a contract or in the performance of a contract or subcontract. _____
- h. I have not been convicted of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offenses indicating a lack of integrity or business honesty. _____
- i. I have not been convicted of or had a civil judgment entered against me for violations of any antitrust statutes, either federal or state. _____
- j. I have not violated contract provisions for knowingly failing without good cause to perform according to the contract specifications or within the time limit. _____
- k. I have not violated contract provisions by failing to perform or unsatisfactorily perform according to contract terms. _____
- l. I have not violated any ethical standards found in laws or regulations. _____

- m. I understand that I will not be permitted to subcontract any of the work under this program. _____
- n. I realize that I will be operating as an independent contractor in this program, and that I am liable for any and all losses, penalties, damages, attorneys fees, judgments, and settlements incurred by reason of injury to or death of any and all persons, or injury to any and all property, of any nature, arising out of my or my employees' negligent performance in this program. _____
- o. I have, and will maintain throughout this program, the legally required workers' compensation insurance. If I am accepted into the pool eligible for this program, I will provide proof of this insurance within five (5) working days of receipt of notice of acceptance into the pool . _____
- p. I have, and will maintain throughout this program, the automobile insurance with limits of at least \$100,000/\$300,000 for bodily injury and \$25,000 for property damage. If I am accepted into the pool eligible for this program, I will provide proof of this insurance within five (5) working days of receipt of notice of acceptance into the pool . _____
- q. I have, and will maintain throughout this program, commercial general liability insurance with a minimum coverage of \$1 million. If I am accepted into the pool eligible for this program, I will provide proof of this insurance within five (5) working days of receipt of notice of acceptance into the pool . _____
- r. I have, and will maintain throughout this program, professional liability insurance with limits of \$1 million/\$3 million. If I am accepted into the pool eligible for this program, I will provide proof of this insurance within five (5) working days of receipt of notice of acceptance into the pool. _____

4. Vendor Specific Responses (Responses to this section may be attached as a separate document.)

- a. Please detail your experience in lead-based paint interim controls.
- b. Describe the types of lead-based paint interim controls your firm has completed, the nature of the properties, and the extent of controls completed. Indicate any areas of specialization or specific types of properties in which your firm has a specific interest or expertise in interim controls.
- c. Please indicate the number of projects you anticipate being able to perform where work by TANF workers will conclude on or before September 18, 2010. Please indicate your ability to equip with all necessary personal protection equipment the TANF workers as well as your existing work force.

I hereby certify that all assurances and information provided in this document and any attachments are true and accurate to the best of my knowledge.

Signature

Bidder Name

Print Name

Bidder Address

Print Title

Bidder Phone